REPLY TO
ATTENTION OF

MCHS-IS   4 November 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the US Army Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, US Army Patient Administration Systems and
Biostatistics Activity (PASBA) Conference Room, Building 126, at 0900 on
22 July 2003.

   a. Members Present:

       COL Clark, Team Leader, PASBA
       COL Jones, ACofS, HP&S, MEDCOM
       COL Young-McCaughan, Outcomes Management, MEDCOM
       MAJ Ulsher, Decision Support Branch, PASBA
       MAJ Briggs-Anthony, Data Management Branch, PASBA
       MAJ Anderson, IMD, OTSG
       Ms. Bacon, AMPO, MEDCOM
       Ms. Robinson, PASBA
       Ms. Mallett, PASBA
       Ms. Leaders, TRICARE Operations Division, MEDCOM
       Mr. Padilla, RM, MEDCOM
       Mr. Fannin, IRAC, MEDCOM

   b. Members Absent:

       LTC Petray, RM, MEDCOM
       MAJ Wesloh, Deputy Director, PASBA
       MAJ Stewart, PAD, MEDCOM
       CPT Blocker, Decision Support Cell, OTSG
       Ms. Cyr, ACofS, PA&E, MEDCOM
       Mr. Beers, Internal Review, MEDCOM

   c. Others Present:

       Mr. Bacon, Representing Data Quality Section, PASBA
       Ms. Bowman, TRICARE Operations Division, MEDCOM
       Ms. Shepherd, Representing AMPO, MEDCOM

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    Ms. Richwine, OTSG, IMO

2. Opening Remarks. There are still concerns on the structure and content of the DQFAST. Currently, the DQFAST content reiterates what is disseminated during the Data Quality Management Control (DQMC) meeting. The goal is to develop a new direction in order for this committee to be productive. Committee members need to bring data quality issues forth to the committee, so they can be addressed. In addition, there needs to be more participation from chartered members.

3. Old/Ongoing Business.

    a. <u>Approval of Minutes.</u> The June minutes were approved as written.

    b. <u>Quality Management</u>.

    (1) Clinical/Clinical Practice Guidelines. The representative from Outcomes Management, MEDCOM stated their office met with the Veterans Administration (VA). There are no "new" guidelines under development. The Department of Defense/Veterans Affairs Clinical Procedural Guidelines (CPGs) Workgroup is exploring a charter centered on evidence-based practice, to extend the scope of work to include CPG implementation and utilization efforts. The diabetes metric has received a lot of interest from The Surgeon General. Air Force Population Health at Brooks Air Force Base has a live web site that provides realtime metrics. There have been a couple proposals for Air Force Population Health to provide this for all three services since they have more equipment and staff. The MEDCOM could do the follow up reports if they could keep posting metrics.

    (2) Policy. No update at this time.

    (3) Current Processes. No update at this time.

    c. <u>Data.</u>

    (1) Flow. No changes at this time.

    (2) Analysis. No changes at this time.

    (3) System Synchronization. No changes at this time.

    (4) DQFAST Metrics (exceptions only). They were no exceptions to report.

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        (5) Data Quality Management Control (DQMC) Issues. Coding is still a major
problem area. The TRICARE Management Activity DQMC Program Workgroup is
updating the Department of Defense Instruction (DODI) 6040.10, which is the guidance
for the program. Attached to the DODI is the Review List and Commander's Statement,
which are updated yearly. The workgroup is adding a coding completion factor to the
checklist and three questions: what percentage of outpatient encounters other than
ambulatory procedure visits (APVs) have been coded within three business days of the
encounter, what percentage of APVs have been coded within 15 days of the encounter,
and what percentage of inpatient records have been coded within 30 days after
discharge? The PASBA is working on a web-based process for DQMC Program input.
Fort Hood and Fort Leonard Wood are the two medical treatment facility test sites.
Great Plains Regional Medical Command (RMC) is the only RMC test site. The PASBA
plans to run the test concurrent with the regular submission next month.

        (6) Clinical Outcomes. Data Analysis is assisting to develop ways to actually
identify the process to the site and send an e-mail to let them know they are in the
Adhoc Report. They will be able to pull the report and get the earliest abortions and
coding in order to make corrections.

        (7) Health Insurance Portability and Accountability Act/Data Security. A PASBA
knowledge collaboration center has been created on the Army Knowledge Online (AKO)
web sight. This account will allow users to transmit Privacy Act/Personal Health
Information between AKO accounts while being protected under a Secure Socket Layer.
Accommodations are available via a guest sponsored account if the recipient does not
have an AKO account.

   d. Coding.

        (1) Current Issues and Potential Resolutions. The PASBA received
$150,000 from Major General Farmer to purchase books for coding. Members of
PASBA will meet with the MEDCOM civilian personnel officer on 1 August 2003 to
discuss rewriting job descriptions for the whole series of coders. The PASBA wants to
change the entire Medical Records Technician series.

        (2) Systems Status (Coding Compliance Editor, Provider-Graphic User Interface,
and Composite Health Care System, Version II). No update at this time.

   e. Resource Management. (RM)

        (1) Current RM issues. No update at this time.

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(2) Medical Expense and Performance Reporting System. Thirty-one out of thirty-two sites met the suspense.

f. Data Quality for Deployed Units

(1) Several units are now utilizing the PASBA developed Patient Administration Department (PAD) tool to facilitate their Patient Accounting and Reporting Realtime System and the Standard Inpatient Data Record reporting requirements. The Development section is currently working on enhancing the PAD tool to enable the retirement of deployed records to the National Personnel Retirements Center.

(2) The PASBA is still waiting to receive the hard copy records from the two recently redeployed units; the 86th Combat Support Hospital and the 115th Field Hospital.

4. New Business. How often should the DQFAST Committee meet will be discussed at the next meeting.

5. The meeting adjourned at 1030. The next meeting will be on 19 August 2003.

/s/
LARRY J. CLARK
COL, MS
DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member